

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☐ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

Friends of Lashawndra Vernon

Street Address

3640 N. 38th Street

City, State and Zip Code

Milwaukee, WI 53216

RECEIVED
2012 AUG -3 11 01:00
**GOVERNMENT
ACCOUNTABILITY BOARD**

OFFICE USE ONLY

GAB ID Number:

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

REPORT PERIOD

☐ January Continuing ☒ Pre-Primary ☐ Spring ☒ Fall ☐ Special ☐ Termination Report also complete Schedule 4

☐ July Continuing ☐ Pre-Election

**SUMMARY OF RECEIPTS AND
DISBURSEMENTS**

1. RECEIPTS

Column A
This Period

Column B
Calendar
Year-To-Date

1A. Contributions (Including Loans) from Individuals	\$ 1325.00	\$ 2690.00
1B. Contributions from Committees (Transfers-In)	\$ 650.00	\$ 950.00
1C. Other Income and Commercial Loans	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 1975.00	\$ 3640.00

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 1647.76	\$ 2922.18
2B. Contributions to Committees (Transfers-Out)	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 1647.76	\$ 2922.18

CASH SUMMARY

Cash Balance Beginning of Report	\$ 390.58
Total Receipts	\$ 1975.00
Subtotal	\$ 2365.58
Total Disbursements	\$ 1647.76
CASH BALANCE END OF REPORT	\$ 717.82
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0
LOANS (Balance at the Close of This Period-3B)	\$ 0

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

Signature of Candidate or Treasurer

Date: 8/6/2012

Daytime Phone: (414) 793-3711

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats.
ss.11.60, 11.61, Wis. Stats.
GAB-2S (Rev. 12/09)

Form prescribed by the Government Acc
608-266-8005.



0105243-105

SCHEDULE 1-A
RECEIPTS

Contributions (Including Loans) From Individuals

 Page 1 of 2

Complete Committee Name

Friends of Caspawindea Vernon

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation, Name and Address of Principal Place of Employment (if year-to-date total exceeds \$100)	Amount of Contribution	Y-T-D Total
7/11	Paul Schmits 2846 N. Stowell Ave Milw WI 53212 Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#	CEO, Public Allies 735 N. Water St. Milw. WI 53202	250	250
7/15	Angela Vasquez 3348 N. Dawsman Milw. WI 53212 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#		25	50
7/18	Jacqueline Ward 4315 W. Vliet St. Milw WI 53208 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#		35	35
7/21	Carvin Lee 3421 W. Saint Paul Milw WI 53208 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#		60	60
7/21	Keis Geete Komes 1836 N. Hillmont Blvd Milw WI 53208 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#		50	50
7/24	Richard Saks 2019 N. Hillmont Blvd Milw WI 53208 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#		100	100
7/24	Marcelena Cote 4029 N. Logan Street Milw WI 53216 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#		25	25
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$ 545.00	595.00
TOTAL ITEMIZED CONTRIBUTIONS			\$	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS			\$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$	

SCHEDULE 1-A

RECEIPTS

Contributions (Including Loans) From Individuals

Page 2 of 2

Complete Committee Name

Complete Committee Name
Friends of Lashawnda A. Vernon

Instructions for completing schedules are on the back of each schedule.

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SCHEDULE 1-B

RECEIPTS
Contributions from Committees
(Transfers-In)

Page 1 of 1

Complete Committee Name: Friends of LAwanndra Veleon

Instructions for completing schedules are on the back of each schedule.

Date	Full Name of Committee, Mailing Address and Zip Code	Committee GAB ID Number	Amount of Contribution	Y-T-D Total
7/20	WOTAC PAC PO BOX 8003 MADISON WI 53708 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		500.00	500.00
7/23	APL-CIO District Council #48 3427 W. Saint Paul Ave MELBOURNE WI 53208 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		150.00	150.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE			\$ 650.00	650.00
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES			\$ 650.00	650.00

SCHEDULE 1-C

RECEIPTS

Page ____ of ____

Complete Committee Name

Instructions for completing schedules are on the back of each schedule.

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SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Page 1 of 1

Complete Committee Name
Friends of LA Ramonda Velazquez

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
7/17	Wetzel Printing Co. 3048 N. 34th Street New York 10018 Check if: <input type="checkbox"/> In-Kind Offset	Printing Costs (Campaign Signs)	1124.64
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$ 1124.64

TOTAL ITEMIZED EXPENDITURES

\$ 1124.64

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS

\$ 523.12

TOTAL EXPENDITURES

\$ 1647.76

SCHEDULE 2-B

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Page ____ of ____

Complete Committee Name

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Committee GAB ID Number	Amount	Y-T-D Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE			\$	
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES			\$	

SCHEDULE 3-A**Incurred Obligations Excluding Loans
ADDITIONAL DISCLOSURE**

Page ____ of ____

Complete Committee Name

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code of Creditor	Outstanding Obligations Beginning This Period	New Obligations or Additions This Period	Cumulative Payments This Period	Outstanding Obligations At Close of This Period
/ /					
Nature of Debt (Purpose)					
/ /					
Nature of Debt (Purpose)					
/ /					
Nature of Debt (Purpose)					
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Nature of Debt (Purpose)					
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Nature of Debt (Purpose)					
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Nature of Debt (Purpose)					
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Nature of Debt (Purpose)					
/ /					
Nature of Debt (Purpose)					
SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE					\$
TOTAL ITEMIZED OBLIGATIONS					\$
TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS					\$
TOTAL INCURRED OBLIGATIONS					\$

SCHEDULE 3-B

Loans **Individual, Committee or Commercial** **ADDITIONAL DISCLOSURE**

Page ____ of ____

Complete Committee Name

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor

Occupation

Name and Address of Employer

Amount Guaranteed Outstanding

\$

Occupation

Name and Address of Employer

Amount Guaranteed Outstanding

\$

Full Name, Mailing Address and Zip Code of Loan Source

Outstanding Obligations Beginning of This Period

New Loans This Period

Cumulative Payments This Period

Outstanding Obligations End of This Period

Date

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor

Occupation

Name and Address of Employer

Amount Guaranteed Outstanding

\$

Occupation

Name and Address of Employer

Amount Guaranteed Outstanding

\$

Full Name, Mailing Address and Zip Code of Loan Source

Outstanding Obligations Beginning of This Period

New Loans This Period

Cumulative Payments This Period

Outstanding Obligations End of This Period

Date

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor

Occupation

Name and Address of Employer

Amount Guaranteed Outstanding

\$

Occupation

Name and Address of Employer

Amount Guaranteed Outstanding

\$

SUBTOTAL OUTSTANDING LOANS THIS PAGE

\$

TOTAL OUTSTANDING LOANS

\$